

2330

PLACE OF BIRTH
 County of
 District of
 Town of
 City of
 Full name of child
 Sex of child
 To be entered ONLY in event of plural birth
 FATHER

MARGIN RESERVED FOR BINDING
 USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County DeLa No. Inspiration Hospital
 (Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other? <u>✓</u>	and	Number in order of birth <u>1</u>
DATE OF BIRTH* <u>June</u> <u>1</u> <u>1922</u> (Month) (Day) (Year)			
FULL NAME <u>Willard Pace</u>		FATHER	
FULL MAIDEN NAME <u>Martha Layton</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Kathleen Pace
 (Give name in full) (Surname)
Martha L. Pace
 (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
 10M-8-42-Bower Co.